

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Use

19080

County of .....

Township of .....

or

Inc. Town of .....

or

City of .....

Registration District No. 40-2 Registered No. 261

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frances Elizabeth Lawson (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH June 24 1908  
 To be answered only in case of Twin or Triplet (Month) (Day) (Year)

FATHER. (8) FULL NAME C. L. Lawson (14) NAME BEFORE MARRIAGE Nattie Eyer  
 (9) PRESENT POSTOFFICE OF FATHER Cherokee S.C. (15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 34  
 (12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.  
 (13) OCCUPATION Merchant (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) Leone Rigby(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spaulding

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7-1-1908 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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